

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.03911791

Gross Claim	\$	1,240,652.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,240,652.59
YTD Amount:	\$	7,602,913.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00010612

Gross Claim	\$	3,365.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,365.67
YTD Amount:	\$	20,625.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00132859

Gross Claim	\$	42,137.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	42,137.19
YTD Amount:	\$	258,224.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00893807

Gross Claim	\$	283,477.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	283,477.31
YTD Amount:	\$	1,737,193.48

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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00136297

Gross Claim	\$	43,227.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,227.57
YTD Amount:	\$	264,904.75

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00106888

Gross Claim	\$	33,900.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	33,900.30
YTD Amount:	\$	207,745.24

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.02011996

Gross Claim	\$	638,118.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	638,118.97
YTD Amount:	\$	3,910,493.34

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00127153

Gross Claim	\$	40,327.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	40,327.49
YTD Amount:	\$	247,134.58

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00494732

Gross Claim	\$	156,907.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	156,907.80
YTD Amount:	\$	961,555.67

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FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.02544471

Gross Claim	\$	806,997.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	806,997.24
YTD Amount:	\$	4,945,404.52

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00122313

Gross Claim	\$	38,792.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,792.45
YTD Amount:	\$	237,726.20

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00862799

Gross Claim	\$	273,642.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	273,642.90
YTD Amount:	\$	1,624,304.58

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00880356

Gross Claim	\$	279,211.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	279,211.22
YTD Amount:	\$	1,711,049.89

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00165904

Gross Claim	\$	52,617.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	52,617.64
YTD Amount:	\$	322,447.56

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.01721219

Gross Claim	\$	545,896.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	545,896.96
YTD Amount:	\$	3,345,343.20

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00445852

Gross Claim	\$	141,405.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	141,405.16
YTD Amount:	\$	866,553.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00199461

Gross Claim	\$	63,260.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	63,260.49
YTD Amount:	\$	387,668.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00134019

Gross Claim	\$	42,505.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	42,505.09
YTD Amount:	\$	260,477.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.31055683

Gross Claim	\$	9,849,532.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,849,532.80
YTD Amount:	\$	60,359,484.32

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
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MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00444444

Gross Claim	\$	140,958.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,958.60
YTD Amount:	\$	863,816.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
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MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00978122

Gross Claim	\$	310,218.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	310,218.41
YTD Amount:	\$	1,881,743.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
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MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00071281

Gross Claim	\$	22,607.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,607.28
YTD Amount:	\$	138,540.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
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MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00285164

Gross Claim	\$	90,441.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	90,441.81
YTD Amount:	\$	554,241.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00629714

Gross Claim	\$	199,718.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	199,718.32
YTD Amount:	\$	1,223,905.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00079121

Gross Claim	\$	25,093.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,093.79
YTD Amount:	\$	153,777.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00114140

Gross Claim	\$	36,200.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	36,200.32
YTD Amount:	\$	221,840.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00812080

Gross Claim	\$	257,557.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	257,557.00
YTD Amount:	\$	1,578,348.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00419177

Gross Claim	\$	132,944.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	132,944.99
YTD Amount:	\$	814,707.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00269975

Gross Claim	\$	85,624.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	85,624.51
YTD Amount:	\$	524,720.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.06443975

Gross Claim	\$	2,043,752.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,043,752.93
YTD Amount:	\$	12,524,439.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00380642

Gross Claim	\$	120,723.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	120,723.34
YTD Amount:	\$	739,812.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00113416

Gross Claim	\$	35,970.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,970.70
YTD Amount:	\$	212,366.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.03289206

Gross Claim	\$	1,043,195.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,043,195.29
YTD Amount:	\$	6,392,865.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.03445504

Gross Claim	\$	1,092,766.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,092,766.33
YTD Amount:	\$	6,696,643.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00159151

Gross Claim	\$	50,475.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	50,475.88
YTD Amount:	\$	309,323.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.03996868

Gross Claim	\$	1,267,635.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,267,635.38
YTD Amount:	\$	7,768,268.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.07799922

Gross Claim	\$	2,473,801.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,473,801.25
YTD Amount:	\$	15,159,842.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.05924515

Gross Claim	\$	1,879,002.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,879,002.46
YTD Amount:	\$	11,514,823.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.01529153

Gross Claim	\$	484,981.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	484,981.85
YTD Amount:	\$	2,972,046.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00459188

Gross Claim	\$	145,634.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	145,634.77
YTD Amount:	\$	892,473.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.01397274

Gross Claim	\$	443,155.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	443,155.48
YTD Amount:	\$	2,715,726.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00838718

Gross Claim	\$	266,005.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	266,005.43
YTD Amount:	\$	1,630,123.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.03392573

Gross Claim	\$	1,075,978.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,075,978.88
YTD Amount:	\$	6,593,767.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00556855

Gross Claim	\$	176,610.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	176,610.56
YTD Amount:	\$	1,082,296.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00771515

Gross Claim	\$	244,691.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	244,691.52
YTD Amount:	\$	1,499,508.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00026775

Gross Claim	\$	8,491.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,491.88
YTD Amount:	\$	52,040.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00208334

Gross Claim	\$	66,074.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	66,074.62
YTD Amount:	\$	404,915.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.01114864

Gross Claim	\$	353,587.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	353,587.12
YTD Amount:	\$	2,166,838.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.01734410

Gross Claim	\$	550,080.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	550,080.58
YTD Amount:	\$	3,333,964.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.01168672

Gross Claim	\$	370,652.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	370,652.71
YTD Amount:	\$	2,271,418.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00403600

Gross Claim	\$	128,004.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	128,004.64
YTD Amount:	\$	784,432.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00274331

Gross Claim	\$	87,006.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	87,006.05
YTD Amount:	\$	533,186.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00117460

Gross Claim	\$	37,253.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	37,253.28
YTD Amount:	\$	228,293.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.01120898

Gross Claim	\$	355,500.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	355,500.85
YTD Amount:	\$	2,178,566.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00211075

Gross Claim	\$	66,943.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	66,943.95
YTD Amount:	\$	410,241.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.01334317

Gross Claim	\$	423,188.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	423,188.21
YTD Amount:	\$	2,593,363.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00370280

Gross Claim	\$	117,436.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	117,436.96
YTD Amount:	\$	719,673.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00354045

Gross Claim	\$	112,287.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	112,287.91
YTD Amount:	\$	688,116.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00143779

Gross Claim	\$	45,600.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	45,600.54
YTD Amount:	\$	279,445.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00644648

Gross Claim	\$	204,454.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	204,454.74
YTD Amount:	\$	1,252,930.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000185A
PAYMENT ISSUE DATE: 3/25/2011

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$31,715,717.80	County/City Ratio:	0.00212607

Gross Claim	\$	67,429.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	67,429.84
YTD Amount:	\$	413,219.54